

LOST TIME VOUCHER

Payroll Period Date Ending Sat _____ LOCAL 199 Unit: _____

Name _____ Job Classification _____

Address _____ Clock # _____

Town _____ Postal Code _____ S.I.N. # _____

Day	Date	Time From	Time To	No. of Hours	Reason For Claim (Give Full details, Union Business is not sufficient)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Number of Hours _____ Base Hourly rate +COLA +N.S.P. _____		I hereby certify that lost time hours claimed are in reimbursement for actual time lost from work. Signature _____ Authorized by _____ Approved by _____ (President) Approved by _____ (Financial Secretary) Paid by _____ Cheque # _____ Date _____
Gross Lost Time \$ _____		
Deductions Tax Rate: Please Check one 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/>		